STATE OF HAWAI'I EMPLOYEE PRE-TAX TRANSPORTATION BENEFIT PILOT PROGRAM ENROLLMENT FORM FOR SENIOR ANNUAL BUS PASSES

This enrollment form shall authorize a one-time payroll deduction on a pre-tax basis for qualified expenses under the Pre-Tax Transportation Benefit Pilot Program ("PTBP" or "Program"), a qualified transportation fringe benefits plan established under section 132(f) of the Internal Revenue Code.

To participate in the Program, please complete this enrollment form and submit it to your Department Coordinator. Your Department Coordinator will then forward a copy to the Department of Human Resources Development /Employee Assistance Office who will process your enrollment.

Social Security No. XXX-XX-

Employee Name:

| (Please Print) | Dhana Nas : | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | |
|---|----------------------------|--|----------------------|--|
| Dept./Division | Phone Nos.: | Work: | | |
| Email Address: | Home: | Cell: | | |
| Date of Hire: | Cost of a Senior | Cost of a Senior Annual Bus Pass: \$30.00 | | |
| ☐ Enroll me in the Pre-Tax Transportation Bendmay purchase my Senior Annual Bus Pass through pPTBP Pilot Program Participant Guide and Information | ore-tax payroll deduction | | | |
| I understand that the State shall deduct the cost of the tax basis. | ne bus pass indicated ab | ove from my pa | y on a one-time pre- | |
| I understand that no agency or employee of the State | e shall be responsible fo | r any lost passe | S. | |
| I understand that my participation in the PTBP Progradisability. It may also affect my Deferred Compensation percentage of my salary instead of a fixed dollar amount | tion Plan contributions, i | | | |
| I hereby elect to have the Senior Annual Bus Pass at that I have read the above carefully, and understand Program. | | | | |
| | | | | |
| Signature | | Date | | |
| | | | | |
| This section to be completed by HRD/PTBP Adminis | trator: | | | |
| Date Form Received: Date of Input into Bus Pass System: | | | 5/2/08(Rev.10/22/08) | |
| Approved Effective Date for Enrollment: | | | , | |